Prevention Research

Participants examine current approaches to prevention and discuss the applications of strategies considered important by the Center for Substance Abuse Prevention.

approximate time: 3 hours, 15 minutes

Learning Objectives

Participants will be able to:

- describe the risk factors/protective factors approach to drug prevention
- apply the risk factors/protective factors approach to a case study
- identify, give examples of and cite research findings for the six prevention strategies from the Center for Substance Abuse Prevention (CSAP)
- enhance a prevention program using CSAP strategies

Materials and Preparation

Be ready to use the following information and work sheets:

- The Risk Factors/Protective Factors Approach
- Social Development Strategy
- The Developmental Assets Approach
- The Resiliency Approach
- Three Case Studies in Prevention
- Six Prevention Strategies
- Research Findings and CSAP Strategies
- Principles of Prevention for Children and Adolescents
- Prevention Strategies for Specific Settings

You will see the video:

- *Environmental Prevention Strategies: Putting Theory into Practice*

INFORMATION SHEET

The Risk Factors/ Protective Factors Approach

Risk and protective factor-focused prevention is based on a simple premise: To prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing and then find ways to reduce the risk. At the same time, we must also identify those factors that buffer individuals from the risk factors present in their environments and then find ways to increase the protection.

Risk and protective factor-focused prevention is based on the work of J. David Hawkins, Ph.D., Richard F. Catalano, Ph.D. and a team of researchers at the University of Washington in Seattle. In the early 1980s, they conducted a review of 30 years of youth substance abuse and delinquency research and identified risk factors for adolescent drug abuse and delinquency. They have continually updated this review. Other researchers—including Joy Dryfoos, Robert Slavin and Richard Jessor—have reviewed the literature on behavior problems, such as school dropout, teen pregnancy, violence and the identified risk factors of these problems. Young people who are seriously involved in either juvenile delinquency, substance abuse, school dropout, teenage pregnancy or violence are more likely to engage in one or more of the other problem behaviors. Furthermore, all of these teen problems share many common risk factors.

Before looking at the risk factors and the problems they predict, it is important to establish a working definition of the terms "delinquency" and "violence." For our purposes, delinquency is defined as "crimes committed by juveniles under 18." Violence is defined as "acts against a person that involve physical harm or the threat of physical harm."

The primary focus of substance abuse prevention programs is reducing substance abuse; however, since problem behaviors—including substance abuse, violence, delinquency, teenage pregnancy and school dropout—share many common risk factors, reducing common risk factors is likely to reduce multiple problem behaviors.

The following is a summary of the research-based risk factors and the problem behaviors they predict (in parentheses).

Community Risk Factors

Availability of Drugs (Substance Abuse and Violence)

The more available drugs are in a community, the higher the risk that young people will abuse drugs in the community. Perceived availability of drugs is also associated with risk. In schools where children just think that drugs are more available, a higher rate of drug use occurs.

Community Laws and Norms Favorable toward Drug Use, Firearms and Crime (Substance Abuse, Delinquency and Violence)

Community norms—the attitudes and policies a community holds about drug use and crime—are communicated in a variety of ways: through laws and written policies, through informal social practices and through the expectations parents and other members of the community have of young people.

One example of the community law affecting drug use is the taxation of alcoholic beverages. Higher rates of taxation decrease the rate of alcohol use at every level of use. When laws, tax rates and community standards are favorable toward substance use or crime, or even if they are just unclear, children are at higher risk.

Another concern is conflicting messages about alcohol/other drugs from key social institutions. An example of conflicting messages about substance abuse can be found in the acceptance of alcohol use as a social activity within the community. The "Beer Gardens," popular at street fairs and community festivals frequented by young people, are in contrast to the "Just Say No" messages that schools and parents may be promoting. These conflicting messages make it difficult for children to decide which norms to follow.

Laws regulating the sale of firearms have had small effects on violent crime and those effects usually diminish after the law has been in effect for multiple years. In addition, laws regulating the penalties for violating licensing laws or using a firearm in the commission of a crime have also been related to reduction in the amount of violent crime, especially involving firearms. A number of studies suggest the small and diminishing effect is due to two factors: the availability of firearms from other jurisdictions without legal prohibitions on sales or illegal access and community norms that include lack of proactive monitoring or enforcement of the laws.

Community Risk Factors – continued

Transitions and Mobility
(Substance Abuse, Delinquency, and School Dropout)

Even normal school transitions predict increases in problem behaviors. When children move from elementary school to middle school or from middle school to high school, significant increases in the rate of drug use, school misbehavior and delinquency result. When communities are characterized by frequent nonscheduled transition rates, there is an increase in problem behaviors.

Communities with high rates of mobility appear to be linked to an increased risk of drug and crime problems. The more often people in a community move, the greater the risk of both criminal behavior and drug-related problems in families. While some people find buffers against the negative effects of mobility by making connections in new communities, others are less likely to have the resources to deal with the effects of frequent moves and are more likely to have problems.

Low Neighborhood Attachment and Community Disorganization
(Substance Abuse, Delinquency and Violence)

Higher rates of drug problems, juvenile delinquency and violence occur in communities or neighborhoods where people have little attachment to the community, where the rates of vandalism are high and where there is low surveillance of public places. These conditions are not limited to low income neighborhoods; they can also be found in wealthier neighborhoods.

The less homogeneous a community is in terms of race, class and religion, the less connected its residents may feel to the overall community and the more difficult it is to establish clear community goals and identity. The challenge of creating neighborhood attachment and organization is greater in these neighborhoods.

Perhaps the most significant issue affecting community attachment is whether residents feel they can make a difference in their lives. If the key players in the neighborhood—such as merchants, teachers, police, human and social services personnel—live outside the neighborhood, residents' sense of commitment will be less. Lower rates of voter participation and parental involvement in schools also indicate lower attachment to the community.

Community Risk Factors – continued

Extreme Economic Deprivation
(Substance Abuse, Delinquency, Violence, Teen Pregnancy and School Dropout)

Children who live in deteriorating and crime-ridden neighborhoods characterized by extreme poverty are more likely to develop problems with delinquency, teen pregnancy, school dropout and violence. Children who live in these areas—and have behavior and adjustment problems early in life—are also more likely to have problems with drugs later on.

Family Risk Factors

Family History of the Problem Behavior
(Substance Abuse, Delinquency, Violence, Teen Pregnancy and School Dropout)

If children are raised in a family with a history of addiction to alcohol or other drugs, the risk of having alcohol and other drug problems themselves increases. If children are born or raised in a family with a history of criminal activity, the risk of juvenile delinquency increases. Similarly, children who are raised by a teenage mother are more likely to be teen parents, and children of dropouts are more likely to drop out of school themselves.

Family Management Problems
(Substance Abuse, Delinquency, Violence, Teen Pregnancy and School Dropout)

This risk factor has been shown to increase the risk of drug abuse, delinquency, teen pregnancy, school dropout and violence. Poor family management practices include lack of clear expectations for behavior, failure of parents to monitor their children (knowing where they are and who they are with) and excessively severe or inconsistent punishment.

Family Conflict
(Substance Abuse, Delinquency, Violence, Teen Pregnancy and School Dropout)

Persistent, serious conflict between primary caregivers or between caregivers and children appears to enhance risk for children raised in these families. Conflict between family members appears to be more important than family structure. Whether the family is headed by two biological parents, a single parent or some other primary caregiver, children raised in families high in

Family Risk Factors – continued

conflict appear to be at risk for all of the problem behaviors. For example, domestic violence in a family increases the likelihood that young people will engage in delinquent behaviors and substance abuse, as well as become pregnant or drop out of school.

Parental Attitudes and Involvement in Drug Use, Crime and Violence

(Substance Abuse, Delinquency and Violence)

Parental attitudes and behavior toward drugs, crime and violence influence the attitudes and behavior of their children. Parental approval of young people's moderate drinking, even under parental supervision, increases the risk of the young person using marijuana. Similarly, children of parents who excuse their children for breaking the law are more likely to develop problems with juvenile delinquency. In families where parents display violent behavior towards those outside the family, there is an increase in the risk that a child will become violent.

Further, in families where parents involve children in their own drug or alcohol behavior—for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator—there is an increased likelihood that their children will become drug abusers in adolescence.

School Risk Factors

Early and Persistent Antisocial Behavior

(Substance Abuse, Delinquency, Violence, Teen Pregnancy and School Dropout)

Boys who are aggressive in grades K-3 are at higher risk of substance abuse and juvenile delinquency. However, aggressive behavior very early in childhood does not appear to increase risk. When a boy's aggressive behavior in the early grades is combined with isolation or withdrawal, there is an even greater risk of problems in adolescence. This increased risk also applies to aggressive behavior combined with hyperactivity or attention deficit disorder.

This risk factor also includes persistent antisocial behavior in early adolescence, like misbehaving in school, skipping school and getting into fights with other children. Young people, both girls and boys, who engage in these behaviors during early adolescence are at increased risk for drug abuse, juvenile delinquency, violence, school dropout and teen pregnancy.

School Risk Factors – continued

Academic Failure Beginning in Elementary School
(Substance Abuse, Delinquency, Violence, Teen Pregnancy and School Dropout)

Beginning in the late elementary grades, academic failure increases the risk of drug abuse, delinquency, violence, pregnancy and school dropout. Children fail for many reasons. It appears that the experience of failure—not necessarily ability—increases the risk of problem behaviors.

This is particularly troubling because, in many school districts, African American, Native American and Hispanic students have disproportionately higher rates of academic failure compared to white students. Consequently, school improvement and reducing academic failure are particularly important prevention strategies for communities of color.

Lack of Commitment to School
(Substance Abuse, Delinquency, Violence, Teen Pregnancy and School Dropout)

Low commitment to school means the young person has ceased to see the role of student as a viable one. Young people who have lost this commitment to school are at higher risk for substance abuse, delinquency, teen pregnancy and school dropout.

In many communities of color, education is seen as a "way out," similar to the way early immigrants viewed education. Other subgroups in the same community may view education and school as a form of negative acculturation. In essence, if you get education, you have "sold out" to the majority culture. Young people who adopt this view are likely to be at higher risk for health and problem behaviors.

Individual/Peer Risk Factors

Alienation/Rebelliousness
(Substance Abuse, Delinquency and School Dropout)

Young people who feel they are not part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of drug abuse, delinquency and school dropout.

Alienation and rebelliousness may be an especially significant risk for young people of color. Children who are consistently discriminated against may

Individual/Peer Risk Factors – continued

respond by removing themselves from the dominant culture and rebelling against it. On the other hand, many communities of color are experiencing significant cultural change due to integration. The conflicting emotions about family and friends working, socializing or marrying outside of the culture, may well interfere with a young person's development of a clear and positive racial identity.

Friends Who Engage in the Problem Behavior
(Substance Abuse, Delinquency, Violence, Teen Pregnancy and School Dropout)

Young people who associate with peers who engage in problem behavior—delinquency, substance abuse, violent activity, sexual activity or school drop-out—are much more likely to engage in the same problem behavior. This is one of the most consistent predictors that research has identified. Even when young people come from well-managed families and do not experience other risk factors, just hanging out with friends who engage in the problem behavior greatly increases the child's risk of that problem. However, young people who experience a low number of risk factors are less likely to associate with friends who are involved in the problem behavior.

Favorable Attitudes toward the Problem Behavior
(Substance Abuse, Delinquency, Teen Pregnancy and School Dropout)

During the elementary school years, children usually express anti-drug, anti-crime and pro-social attitudes. They have difficulty imagining why people use drugs, commit crimes and drop out of school. However, in middle school, as others they know participate in such activities, their attitudes often shift toward greater acceptance of these behaviors. This acceptance places them at higher risk.

Early Initiation of the Problem Behavior
(Substance Abuse, Delinquency, Violence, Teen Pregnancy and School Dropout)

The earlier young people begin using drugs, committing crimes, engaging in violent activity, dropping out of school and becoming sexually active, the greater the likelihood that they will have problems with these behaviors later on. For example, research shows that young people who initiate drug use before the age of 15 are at twice the risk of having drug problems as those who wait until after the age of 19.

Individual/Peer Risk Factors – continued

Constitutional Factors
(Substance Abuse, Delinquency and Violence)

Constitutional factors are factors that may have a biological or physiological basis. These factors are often seen in young people with behaviors such as *sensation-seeking, low harm-avoidance and lack of impulse control.* These factors appear to increase the risk of young people abusing drugs, engaging in delinquent behavior and/or committing violent acts.

Generalizations about Risks

- Risks exist in multiple domains.
  Risk factors exist in all areas of life. If a single risk factor is addressed in a single area, problem behaviors may not be significantly reduced. Communities should focus on reducing risks across several areas.

- The more risk factors are present, the greater is the risk.
  While exposure to one risk factor does not condemn a child to problems later in life, exposure to a greater number of risk factors increases a young person's risk exponentially. Even if a community cannot eliminate all the risk factors that are present, reducing or eliminating even a few risk factors may significantly decrease problem behaviors for young people in that community.

- Common risk factors predict diverse problem behaviors.
  Since many individual risk factors predict multiple problems, the reduction of risk factors is likely to affect a number of different problems in the community.

- Risk factors show much consistency in effects across different races and cultures.
  While levels of risk may vary in different racial or cultural groups, the way in which these risk factors work does not appear to vary. One implication for community prevention is to prioritize prevention efforts for groups with higher levels of risk exposure.

- Protective factors may buffer exposure to risk.
  Protective factors are conditions that buffer young people from the negative consequences of exposure to risks by either reducing the impact of the risk or changing the way a person responds to the risk. Consequently, enhancing protective factors can reduce the likelihood of problem behaviors arising.

Protective Factors

Some youngsters who are exposed to multiple risk factors do not become substance abusers, juvenile delinquents, school dropouts or teen parents. Balancing the risk factors are protective factors—aspects of people's lives that counter or buffer risk. Research has identified protective factors that fall into three basic categories: individual characteristics, bonding and healthy beliefs and clear standards.

- Individual Characteristics
  Research has identified four individual characteristics as protective factors. These are characteristics children are born with and are difficult to change: gender, a resilient temperament, a positive social orientation and intelligence. Intelligence, however, does not protect against substance abuse.
- Bonding
  Positive bonding makes up for many other disadvantages caused by other risk factors or environmental characteristics. Children who are attached to positive families, friends, school and community and who are committed to achieving the goals valued by these groups are less likely to develop problems in adolescence. Studies of successful children who live in high-risk neighborhoods or situations indicate that strong bonds with a caregiver can keep children from getting into trouble.

  To build bonding, three conditions are necessary: opportunities, skills and recognition. Children must be provided with opportunities to contribute to their community, family, peers and school. The challenge is to provide children with meaningful opportunities that help them feel responsible and significant.

  Children must be taught the skills necessary to effectively take advantage of the opportunity they are provided. If they don't have the necessary skills to be successful, they experience frustration and/or failure. Children must also be recognized and acknowledged for their efforts. This gives them the incentive to contribute and reinforces their skillful performance.
- Healthy Beliefs and Clear Standards
  The people to whom youth are bonded need to have clear, positive standards for behavior. The content of these standards is what protects young people. When parents, teachers and communities set clear standards for children's behavior, when they are widely and consistently supported and when the consequences for not following the standards are consistent, young people are more likely to follow the standards.

Actively Creating Healthy Communities

Research supports the importance of a community focus.

- Risk and protective factors are found in all aspects of the community: schools, families, individuals and the community. Community efforts can affect the entire local environment, including community norms, values and policies.

- Because substance abuse is a phenomenon influenced by multiple risk factors, its prevention may be most effectively accomplished with a combination of interventions.

- A community-wide approach promotes the development of strong bonds to family, community and the school.

- Because community approaches are likely to involve a wide spectrum of individuals, groups and organizations, they create a base of support for behavior change. The firm support of community leaders and their involvement in a prevention effort are likely to lead to long-term behavior change. This reallocation of resources to reduce risk factors and enhance protective factors becomes feasible with support from community leaders.

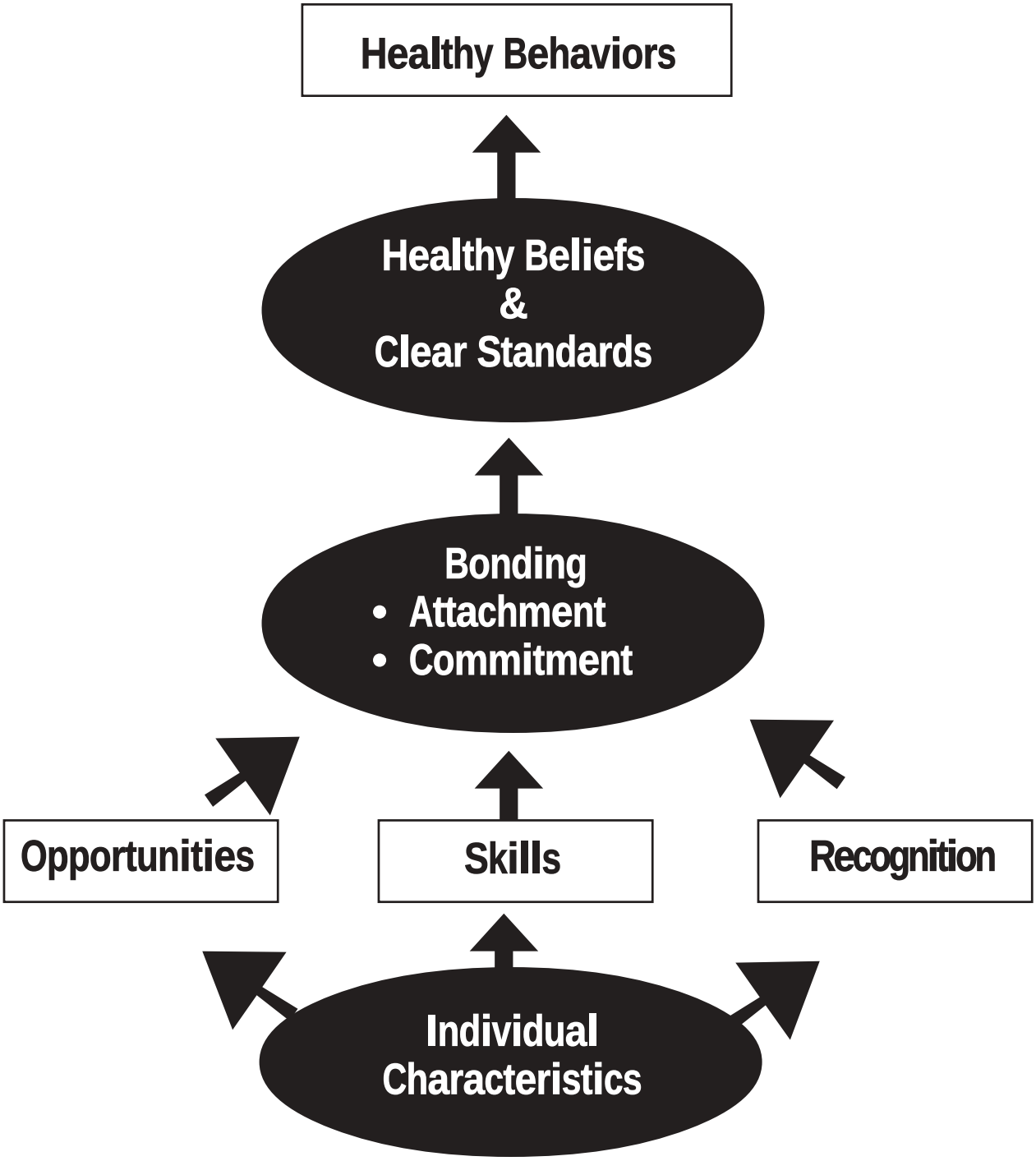
- Programs and strategies gradually become integrated into the regular services and activities of local organizations and institutions. The community-wide focus creates a synergy; the whole is more powerful than the sum of its parts.

- Because many attempts to change families, schools and other institutions have operated in isolation, they have had limited success. For meaningful change to occur, multiple interconnected forces of the community must begin to share a common vision and agenda.

Portions of the Risk Factors/Protective Factors Approach were reprinted with permission from Developmental Research and Programs, Seattle, WA, developers of *Communities That Care*®, an operating system for risk and protective factor-focused prevention.

Information on *Communities That Care* training and the *Communities That Care* Planning Kit is available from Developmental Research and Programs, 130 Nickerson, Suite 107, Seattle, WA 98109. Phone: 800/736-2630, Fax: 206/286-1462, E-mail: moreinfo@drp.org, Web: www.drp.org.

Social Development Strategy



INFORMATION SHEET

The Developmental Assets Approach

Since 1989, Search Institute has been conducting research—grounded in the vast literature on resilience, prevention and adolescent development—that has illuminated the positive relationships, opportunities, competencies, values and self-perceptions that youth need to succeed. The institute's framework of "developmental assets" grows out of that research, which has involved more than 1,000,000 6th- to 12th-grade youth in communities across the country. Developmental assets are the building blocks that all youth need to be healthy, caring, principled and productive (Scales & Leffert, 1999).

The Developmental Assets approach—or framework, since it merely *suggests* approaches—leads the way for a variety of strategies to build assets for young people. Some of these strategies call for establishing caring relationships between adults and young people. Other strategies call for providing an environment—in schools, in homes, in communities—conducive to building assets. And still other strategies call for programs and practices, formal structures that help build assets for young people. All the strategies rely on an awareness of the framework, on an assessment of the assets for each person, on an inventory of which resources are available to build the assets and finally, on an implementation and continuance of the strategies.

Following is a list of the 40 developmental assets. They are divided into "external" assets and "internal" assets. External assets are the relationships and opportunities that are provided to young people. Internal assets are the values and skills that young people develop to guide themselves. Each of these categories is in turn divided into types of assets: Support, Empowerment, Boundaries and Expectations and Constructive Use of Time comprise the external assets; and Commitment to Learning, Positive Values, Social Competencies and Positive Identity comprise the internal assets (Leffert, et al., 1997).

Note:
At this time, Developmental Assets is viewed only as a "promising" approach, not a "best" approach because although data indicate an association between the presence of assets and the absence of substance abuse, research has not yet conclusively shown that increasing assets reduces or delays substance abuse.

40 Developmental Assets

CATEGORY	ASSET NAME AND DEFINITION
EXTERNAL ASSETS	
Support	1. Family support—Family life provides high levels of love and support. 2. Positive family communication—Young person and her or his parent(s) communicate positively and young person is willing to seek advice and counsel from parent(s). 3. Other adult relationships—Young person receives support from three or more nonparent adults. 4. Caring neighborhood—Young person experiences caring neighbors. 5. Caring school climate—School provides a caring, encouraging environment. 6. Parent involvement in schooling—Parent(s) are actively involved in helping young person succeed in school.
Empowerment	7. Community values youth—Young person perceives that adults in the community value youth. 8. Youth as resources—Young people are given useful roles in the community. 9. Service to others—Young person serves in the community one hour or more per week. 10. Safety—Young person feels safe at home, at school and in the neighborhood.
Boundaries and Expectations	11. Family boundaries—Family has clear rules and consequences, and monitors the young person's whereabouts. 12. School boundaries—School provides clear rules and consequences. 13. Neighborhood boundaries—Neighbors take responsibility for monitoring young people's behavior. 14. Adult role models—Parent(s) and other adults model positive, responsible behavior. 15. Positive peer influence—Young person's best friends model responsible behavior. 16. High expectations—Both parent(s) and teachers encourage the young person to do well.
Constructive Use of Time	17. Creative activities—Young person spends three or more hours per week in lessons or practice in music, theater or other arts. 18. Youth programs—Young person spends three or more hours per week in sports, clubs or organizations at school and/or in the community.

40 Developmental Assets – *continued*

CATEGORY	ASSET NAME AND DEFINITION
EXTERNAL ASSETS	
Constructive Use of Time – *continued*	19. Religious community—Young person spends one or more hours per week in activities in a religious institution. 20. Time at home—Young person is out with friends "with nothing special to do" two or fewer nights per week.
INTERNAL ASSETS	
Commitment to Learning	21. Achievement motivation—Young person is motivated to do well in school. 22. School engagement—Young person is actively engaged in learning. 23. Homework—Young person reports doing at least one hour of homework every school day. 24. Bonding to school—Young person cares about her or his school. 25. Reading for pleasure—Young person reads for pleasure three or more hours per week.
Positive Values	26. Caring—Young person places high value on helping other people. 27. Equality and social justice—Young person places high value on promoting equality and reducing hunger and poverty. 28. Integrity—Young person acts on convictions and stands up for her or his beliefs. 29. Honesty—Young person "tells the truth even when it is not easy." 30. Responsibility—Young person accepts and takes personal responsibility. 31. Restraint—Young person believes it is important not to be sexually active or to use alcohol or other drugs.
Social Competencies	32. Planning and decision making—Young person knows how to plan ahead and make choices. 33. Interpersonal competence—Young person has empathy, sensitivity and friendship skills. 34. Cultural competence—Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds. 35. Resistance skills—Young person can resist negative peer pressure and dangerous situations. 36. Peaceful conflict resolution—Young person seeks to resolve conflict nonviolently.

40 Developmental Assets – *continued*

CATEGORY	ASSET NAME AND DEFINITION
INTERNAL ASSETS	
Positive Identity	37. Personal power—Young person feels he or she has control over "things that happen to me." 38. Self-esteem—Young person reports having a high self-esteem. 39. Sense of purpose—Young person reports that "my life has a purpose." 40. Positive view of personal future—Young person is optimistic about her or his personal future.

The Developmental Assets framework emphasizes strengths in people, not lacks. Schools and communities that have adopted the framework consider young people resources, not problems. This approach is preventive at its core: By building on strengths, by increasing the assets that have been found to be associated with healthy, caring, responsible people, practitioners of the framework hope to forestall any need for young people to use drugs. The framework is considered a "promising" approach because, although data indicate an association between the presence of assets and the absence of substance abuse, research has not yet conclusively shown that increasing assets reduces or delays substance abuse.

INFORMATION SHEET

The Resiliency Approach

The Resiliency Approach stems from research into young people from troubled backgrounds who have learned to bounce back when the odds are stacked against them. Emmy Werner is one such researcher; from studying children born on Kauai, Hawaii, in 1955, Werner (1986) identified several environmental factors that foster resilience in kids, including the following:

- ★ the age of the parent of the opposite sex *(younger mothers for resilient boys, older fathers for resilient girls)*
- ★ the number of children in the family *(four or fewer)*
- ★ spacing between children *(two years or more was best)*
- ★ the number and type of people available to help the mother rear the children *(such as grandparents, aunts, or uncles)*
- ★ steady employment for the mother, especially if she was a single mother
- ★ the availability of a sibling as a caretaker in childhood
- ★ the presence of a multigenerational network of friends, teachers, and relatives during adolescence
- ★ church attendance

Other researchers have come to different conclusions and most agree that much more needs to be studied, especially across cultures.

Werner and others have also concluded that kids who overcome adversity better than others tend not to seek out formal professional or institutional help. Instead, they turn to people they've grown to trust because they see them regularly, such as teachers, school counselors, ministers, grandparents and friends.

Steven and Sybil Wolin, directors of Project Resilience, a Washington-based training and consulting project, see the following characteristics of resilient children:

- They conclude that their parents' problems have nothing to do with them. They see through lies and mistreatment and they develop a cherished belief in truth and honesty.
- They spend extra time at school, in libraries, or in neighbors' homes, developing more meaningful relationships than they'll ever develop with their parents or guardians.

Werner has several suggestions for schools to foster resilient children:

- Establish better relations with local companies and community groups to encourage college students and grown-ups to work as mentors.
- Avoid cutting art, music or athletic programs.
- Establish school schedules that allow students to have the same teachers for at least two years.
- Decrease class sizes.

Note: The Resiliency Approach is considered a "promising" approach only because research has not yet conclusively shown that increasing resiliency through prevention or other strategies leads to a reduction in the prevention of substance abuse.

(Bushweller, 1995)

WORK SHEET

Three Case Studies in Prevention

Spring Valley Case Study

Spring Valley, an ethnically and culturally diverse community, is located in a large northwestern metropolitan area. Each year, approximately 25 percent of the community relocates. Approximately 25 percent of Spring Valley adults have less than a 6th-grade education; 45 percent have finished the 12th grade; 30 percent have college degrees. Spring Valley parents and caregivers work long hours. Most adults have full- or part-time jobs, with average annual incomes ranging from $15,000 to $60,000.

A large number of single-parent families live in Spring Valley. Many of the parents meet weekly at the community center for salad and dessert. Weekend leisure activities for Spring Valley adults include soccer games and other recreational and social events at the community center, which has a liberal alcohol use policy.

Three spiritual communities—St. Mark's, the Faith Assembly of Christ, and the Calvary-Casa del Pueblo United Methodist Church—serve Spring Valley and the surrounding area. Each conducts a number of bilingual services and two congregations offer English as a second language (ESL) programs.

Local businesses actively support the community. C&S Enterprises, a local computer firm, is working with the Spring Valley Chamber of Commerce to gain support for First Night—a family-oriented alcohol-free New Year's celebration. Previous efforts among parents and local businesses have resulted in providing access to the Internet for local schools, renovating the community's day care facility and the posting of bilingual signs in many local businesses.

Spring Valley also enjoys support from individual community residents. For example, a local pharmacist recently realized that many of his customers, particularly retirees and immigrant families with young children, were not always following directions on prescription medications. He is working with several of the public schools and the area's retirement home to develop a bilingual education program that will be offered throughout the year as part of various community functions. Yet, there are several vacancies on the boards of the three spiritual communities and a number of seats on the community center board remain unfilled.

Silver City Case Study

Silver City is a western community of approximately 50,000 surrounded by farms and ranches. The downtown area was redeveloped about 10 years ago and continues to remain clean with little graffiti. Most of the buildings in the Old Town section are brick with canvas awnings and flower boxes. Although Old Town and the rest of the downtown are mainly commercial, there are actually few large businesses and no major community funders other than United Way. Two industries that hire local community members are a call-in catalog center and an airline mileage-plus program. For the past two years, mini-buses have run between downtown and nearby residential areas. The limited number of residential units in the downtown area consist of apartment buildings and single family homes, many of which are owned and operated by the U.S. Department of Housing and Urban Development (HUD).

Because of Silver City's proximity to several national parks, tourism is a seasonal source of business. To encourage visitors, Silver City sponsors a yearly rodeo, a carnival, the Tri-County Fair, a summer stock show and a motorcycle rally, all of which typically attract up to 500,000 people.

One large mall, accessible by car, has 70 stores, including two anchor stores: Sears and J.C. Penney. Silver City is large enough to support an airport, a bus depot and a train station, all of which employ community residents members and sponsor community events. There are two community colleges and one university, Mid-Western Technical University. Faculty and students participate in mentoring programs within Silver City's public school system. Silver City Memorial Hospital serves the western half of the state and operates a major trauma center.

Most community members are Caucasians whose families have lived in the area for generations. The small Native American population remains isolated from community resources, maintaining links to its heritage by returning to the reservations at various times throughout the year. The small number of African Americans are generally stationed at the nearby Air Force base. Although there are a number of religious/spiritual communities in Silver City, it is mainly Jewish community members who are actively involved in community programs and activities. Various groups sponsor a homeless shelter, three soup kitchens and a safe house for women and children who are victims of domestic violence.

In a recent radio interview, the director of Silver City's Head Start program described the local gang population as "wannabes." She remarked that gang

WORK SHEET

Silver City Case Study – *continued*

members primarily walk around the downtown area in groups. Police confirmed that gang members have been "harmless" to date; they have been involved in a few petty thefts.

Silver City's substance abuse problems have been primarily related to marijuana, alcohol and speed. Crack cocaine and other substances found in large, urban areas have not become common in Silver City.

Loganville Case Study

Loganville is a rural frontier community of 15,000. Until recently, Loganville's population was mostly lower middle class, but there has been an influx of upper middle class professionals, drawn to the area due to its proximity to scenic Lake Thoa.

Typically, both parents work outside the home, resulting in less parental supervision of the community's school-aged children. Most professionals commute to jobs in the metropolitan area, some distance away. Parents tend to be active in local politics and schools, especially with regard to budgets.

Most residents subscribe to *The Herald* and *The Review*, daily newspapers from nearby cities. Television and radio programs are also "feeds" from regional metropolitan stations.

Approximately 50 small businesses comprise Loganville's business district that includes bars and stores where beer, wine, liquor and tobacco products can be purchased. The local weekly newspaper, *The Independence*, frequently carries articles on ATOD abuse, and there is much dialogue about these issues at board of education and town council meetings. Long-time residents of Loganville and newer residents do not necessarily agree about these issues.

Approximately 3,000 students attend the township's public schools; another 1,000 students are enrolled in the local parochial school. Another 600 students attend the county vocational-technical school. Dismissals are much earlier than when most parents return home from work. Many of the community's teenagers have access to cars or pickup trucks.

Loganville Public High School has an enrollment of 700 students, 70 percent of whom are white. African American, Asian American and a small number of Hispanic American students comprise the remainder. Most graduates go on to four-year or community colleges.

WORK SHEET

Loganville Case Study – *continued*

Alcohol use is accepted as normal, even for teenagers. The children of lower middle class residents often smoke cigarettes, as do their parents. The children of upper middle class professionals tend not to smoke, although some local officials have noted a slight increase in initiation of smoking among this group. These parents attribute this change to the influence of the "poor" kids. The prevalence of other drug use is moderate.

WORK SHEET

Six Prevention Strategies

1. DISSEMINATION OF INFORMATION

This strategy provides information about the nature and extent of drug use, abuse, addiction and the effects on individuals, families and communities. It also provides information of available prevention programs and services. The dissemination of information is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples of methods used for this strategy include the following:

- clearinghouses and other information resource centers
- resource directories
- media campaigns
- brochures
- radio and television public service announcements
- speaking engagements
- health fairs

2. PREVENTION EDUCATION

This strategy involves two-way communication and is distinguished from merely disseminating information by the fact that it's based on an interaction between the educator and the participants. Activities under this strategy aim to affect critical life and social skills, including decision making, refusal skills and critical analysis (e.g. of media messages). Examples of methods used for this strategy include the following:

- Classroom and small group sessions
- Parenting and family management classes
- Peer leader and peer helper programs
- Education programs for youth groups
- Groups for children of substance abusers

3. ALTERNATIVE ACTIVITIES

This strategy provides for the participation of target populations in activities that exclude drug use. The assumption is that because constructive and healthy activities offset the attraction to drugs, or otherwise meet the needs usually filled by drugs, then the population would avoid using drugs. Examples of methods used for this strategy include the following:

- drug-free social and recreational activities
- drug-free dances and parties
- youth and adult leadership activities
- community drop-in centers
- community service activities
- mentoring programs

4. COMMUNITY-BASED PROCESSES

This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for drug abuse disorders. Activities in this strategy include organizing, planning, enhancing the efficiency and effectiveness of service implementation, building coalitions and networking. Examples of methods used for this strategy include the following:

- community and volunteer training (e.g. neighborhood action training, training of key people in the system)
- systematic planning
- multi-agency coordination and collaboration
- accessing service and funding
- community team-building

5. ENVIRONMENTAL APPROACHES

This strategy seeks to establish or change community standards, codes and attitudes, thereby influencing the incidence and prevalence of drug abuse in the general population. Examples of methods used for this strategy include the following:

- the establishment and review of drug policies in schools
- technical assistance to communities to maximize local enforcement procedures governing the availability and distribution of drugs
- the review and modification of alcohol and tobacco advertising practices
- product pricing strategies

6. PROBLEM IDENTIFICATION AND REFERRAL

This strategy aims to identify those who have indulged in the illegal use of drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if an individual is in need of treatment. Examples of methods used for this strategy include the following:

- driving-while-intoxicated education programs
- employee assistance programs
- student assistance programs

INFO SHEET

(Center for Substance Abuse Prevention, 1993. *Prevention Primer.*)

INFORMATION SHEET

Research Findings and CSAP Strategies

Information Dissemination

- ★ Educational programming regarding alcohol, tobacco and other drugs can increase knowledge regarding the hazards of substance use and aid in the development of negative attitudes toward alcohol, tobacco and other drug use.
- ★ Workplace programs for drug-free workplace policies can increase community awareness of drug abuse issues.
- ★ Information dissemination campaigns should be viewed as complementary to more intensive and interactive prevention approaches. Effective use of the media is primarily demonstrated when the intervention is combined with other prevention strategies (e.g. education, enforcement of existing laws).
- ★ Effective use of media to change substance-related knowledge, behavior and attitudes relies on creating messages that appeal to youth's motives for using substances or perceptions of substance use (e.g. the perception of risk associated with a particular substance).
- ★ Effective use of the mass media requires paying for television and radio spots in choice air times, when youth are more likely to be viewing or listening. Public Service Announcements can enhance any media campaign but by themselves are unlikely to have an impact on youth if they air at times when few youth are tuning in.
- ★ Media campaigns should use radio and television appropriately, allowing for the different viewing habits of younger and older adolescents. Effective use of media must also recognize that the interests of youth vary, depending on age and sex, so that the images and sounds should resonate with the target audience.
- ★ Youth-oriented mass media campaigns are more effective if they avoid the use of authority figures and exhortations. Focus group research indicates that overbearing messages are likely to lose the target audience.

Prevention Education

- ★ Traditional education about harms and risks associated with substance use and abuse cannot, by itself, produce measurable and long-lasting changes in substance abuse-related behavior and attitudes. Educational approaches that combine the conveyance of information about the harms of substance abuse with the fostering of skills (e.g. problem solving, communication) and the promotion of protective factors have been shown to be more effective.

Prevention Education – *continued*

- ★ Didactic approaches are among the least effective educational strategies. Research suggests that interactive approaches engaging the target audience are more effective. These approaches include cooperative learning, role plays and group exercises.
- ★ Educational interventions for youth that are led by peers or include peer-led components are more effective. However, peer-led programs tend to require extensive prior instruction for peer educators.
- ★ Intensively implemented educational programs with youth appear to be effective. These types of programs usually last an academic year or longer and may involve booster sessions one to several years after the original intervention.
- ★ Social skills training programs target many risk factors across many domains (e.g. individual, family, peer, school) and are related to reductions in the onset and communication of substance use and improvements in communication and goal setting.
- ★ Programs that involve booster sessions help youth maintain skills over longer periods of time. Comprehensive programs designed to last over longer periods of time can result in broader and longer gains.
- ★ Programs that involve interactive teaching where students can actually practice newly acquired skills (e.g. role playing) are beneficial. These programs can take place in any environment. For instance, social skills can be taught via in-school curricula, individual therapy and after-school mentoring.
- ★ Research shows that educational approaches targeting the family and school-based approaches involving parents or complementing student-focused curricula can be effective in prevention adolescent substance use.
- ★ Parent and family skills training has had positive effects on measures related to knowledge, parenting skills, communication skills, problem-solving skills, child-management skills, parenting satisfaction and coping skills. Also, these programs have been shown to decrease parental stress, family conflict and substance abuse; improve parent-child bonding and cohesion; and increase attitudes toward and acceptance of children. For children and youth, positive outcomes have included increases in prosocial behavior and decreases in hyperactivity, social withdrawal, aggression and delinquency.
  - – Programs with two sets of workshops that work to improve parent skills along with adolescent skills have positive outcomes for both parents and youth.

Prevention Education – *continued*

- Programs that involve sessions where parents and youth learn and practice skills both separately and together are also beneficial.
- Videotaped training and education can be effective and cost-efficient.
- Providing meals, child care (for non-target children) and transportation encourages family participation.

Alternative Activities

★ Alternatives should be part of a comprehensive prevention plan that includes other strategies with proven effectiveness. Environmental strategies that reduce the availability of alcohol, tobacco and other drugs appear to be among the more effective strategies.

★ The appropriateness and effectiveness of alternatives depends in part on the target group. Some research indicates that alternatives are more likely to be effective with high-risk youth who may not have adequate adult supervision or access to a variety of activities and who have few opportunities to develop the kinds of personal skills needed to avoid behavioral problems.

★ The effectiveness of alternative approaches depends on the nature of the alternatives offered. Clearly, if the alternative activity offered is not attractive or appropriate to the target group, it won't garner participation. Recently, prevention professionals have involved youth in the development of alternatives programs.

- Community service has been related to an increased sense of well-being and positive attitudes toward people, the future and the community, while allowing youth to "give back" to their community.
- Mentoring programs provide youth with structured time with adults; they are related to reduction in substance use, increased school attendance and increased positive attitudes toward others, the future and school.
- The more highly involved the mentor, the greater the positive results.
- These programs have broader effects than just on the youth because they involve other community members (e.g. the elderly).
- Provision of organized recreation and cultural activities by community agencies can decrease substance use and delinquency by providing both drug-free alternatives and monitoring and supervision of children.

★ More intensive programs that include a variety of approaches seem to

Alternative Activities – *continued*

be most effective. Not surprisingly, meta-analyses, as well as individual evaluations, find that programs that provide intensive interventions, including many hours of involvement in the program and related services, are most effective.

★ Alternatives provide a natural and effective way of providing prevention services to high-risk youth. Youth who may already be disengaged from school (and therefore don't respond to school-based prevention programs) may make use of alternatives programs (e.g. drop-in centers). The enjoyable activities may provide the incentive for involvement and provide the opportunity for more structured intervention in drug use or other high-risk behavior.

★ Alternatives can be part of a comprehensive prevention effort in a community, serving to establish strong community norms against misuse of alcohol and use of illicit drugs. While one-shot community events may not, in themselves, change the behavior of participants, these events can serve as strong community statements that support and celebrate a no-use norm. These events also draw public and media attention to drug issues and therefore increase awareness and support for other important prevention efforts. For these alternatives activities to be truly effective, however, they must be viewed not as ends in themselves, but rather as a component of an integrated, comprehensive prevention strategy.

Community-Based Processes

★ Community partnerships can be effective in eliciting change both at the systems level and at the individual behavior level.

Characteristics of successful partnerships include:

- a vision of the partnership's objectives
- committed partnership members
- participation of groups from all parts of the community
- extensive prevention activities that reach a large number of individuals

★ Multi-agency activities can increase coordination of efforts between public and private agencies, and between law enforcement and service providers.

- Groups can work together to secure funding for substance use prevention programming efforts.
- Interagency coordination can increase access to and quality of prevention and treatment services.
- Active, mobilized communities have shown clear decreases in alcohol, tobacco and other drug use and changes in perceived norms about

Community-Based Processes – *continued*

substance use. In addition, these communities have improved perceptions of neighborhood quality as a result of environmental changes such as closing crack houses and removing billboards for alcohol and tobacco.

– Provision of constructive activities for youth can reduce or prevent substance use and delinquency and increase cultural pride and coping skills.

★ Community-based coalitions should begin with a clear understanding of their purpose. Prevention-oriented coalitions can aim to improve the nature and delivery of services to a community (comprehensive service coordination), generate community activism to address substance-related problems (community mobilization) or both (community linkage). Clarity of purpose will facilitate coalition development and, ultimately, coalition success.

★ Coalition membership must be appropriate to the shared purpose and plan for action. If comprehensive service coordination is the task, organization leaders need to be involved, especially if an organization is expected to be a key contributor to a particular intervention. If community mobilization is the task, grassroots activists and community citizens must be involved. Community linkage coalition models require a mix of both types of community members. This results in diverse expectations and operating assumptions for the coalition that must be resolved in order to avoid conflict and role confusion.

★ Active membership participation depends on meeting the needs of members. Community leaders and professionals seek accomplishments related to their organizational interests and receive rewards through the organizational aspects of the coalition and through the distribution of resources. Citizen activists and members seek a useful application of their time and receive rewards from participation in program activities and not in activities related to organizational maintenance.

★ Appropriate organizations can facilitate collective action. Coalition-based community interventions tend to devote a lot of energy, at least initially, on developing organizational structure and procedures (committees, task forces, roles, responsibilities). Experience indicates that elaborate committee structures are not productive and sometimes are counterproductive. Committees or task forces with specific purposes or responsibility for specified programmatic activity sustain higher membership.

★ Leadership is essential and can take different forms. Effective leadership may reside with a dynamic or visionary individual. But one problem

Community-Based Processes – *continued*

associated with this type of leadership is that it is not transferable. Well-functioning coalitions often create opportunities for satisfying and effective participation of members resulting in a "leadership of ideas" demonstrated in a well-articulated plan of action.

★ Planning is critical and should be adapted to the coalition's purpose, organization and membership. A coalition must begin with a clear understanding of the substance-related problems it seeks to change. Information about these problems should be validated through available empirical evidence. Coalition-generated needs assessments are often difficult to conduct or, due to an absence of resources or skills, poorly implemented. Once outcome-based objectives are set, specific action plans can be developed.

★ Voluntary coalitions should implement proven effective strategies. Community-based approaches are based in part on a deep appreciation for local involvement and authority, in choosing and carrying out collective action. This philosophy is embodied by the concept of "empowerment," and while this "paradigm shift" in prevention is important, it should not result in barriers to effective coalition action. Research has identified effective prevention approaches and this knowledge must be used.

★ Facilitating community-based collective action requires appropriate roles for paid staff. Paid coalition staff operate more effectively as resource providers and facilitators rather than as direct community organizers. Paid staff can fill essential clerical, coordination and communications functions that provide the glue to hold diverse coalitions together. Paid staff can also provide leadership through expertise in strategies and programmatic activities that will further the coalition goals.

★ Coalition-based community processes must approach their strategies and programmatic actions from an outcome-based perspective and must be ready to make adjustments to the plan of action in order to meet these outcome-based goals. The effectiveness of community-based processes is not a reflection of a coalition's organizational structure or design. It is a function of strategies and activity. If the intervention appears to be ineffective, changes and adjustments in the coalition's action plan—not its organizational structure—are required.

★ Clear purpose, appropriate planning and commitment to results will produce effective collective action. Community-based processes will break the traditional bounds of organizational inertia and pathology only if the primacy of purpose is recognized and an action strategy is shaped by research-based findings on effective interventions.

Environmental Approaches

One way to categorize prevention strategies is to consider those that attempt to alter the environment in which individual children grow, learn and mature *(individualized environments)* and those that attempt to alter environments in which all children encounter threats to their health-including illicit drugs, alcohol and tobacco *(shared environment)* (Klitzner, 1998).

Generally, strategies targeting the *individualized environment* seek to socialize, instruct, guide and counsel children in ways that increase their resistance to health risks. Specific programs may teach parenting skills to parents or life skills to children, educate parents and children about health risks, or provide specialized services to youth at high risks. All of these individualized strategies seek to prepare and assist individual children in coping with a world that presents myriad temptations and potential threats to their health and well-being (Klitzner, 1998).

The limitations of individualized approaches have led to increased emphasis on the *shared environment*, the world in which children face and cope with health threats. The shared environment can be a neighborhood, town, city, state or the nation as a whole. Properly designed and managed, the shared environment can support healthy behavior and thwart risky behavior for all children, regardless of how well prepared they may be by their individualized environments (Klitzner, 1998).

Environmental strategies have been found to be more efficient because they affect every member of a target population. Training store clerks to check ID reduces the availability of tobacco and alcohol for all neighborhood youth regardless of whether or not they are aware that these strategies are being implemented. They also produce more rapid results. Enforcement of the minimum alcohol purchase age can produce more or less immediate reductions in youth alcohol use. Environmental strategies can also enhance the prevention efforts of many communities that already have a number of programs aimed at the individualized environment (Klitzner, 1998).

The following are environmental strategies that have been evaluated and found to be effective:

★ PRICE INTERVENTIONS

Increasing the price of alcohol and tobacco through excise taxes is an effective strategy for reducing consumption—both the prevalence of use and the amount consumed. It can also reduce various alcohol-related

Environmental Approaches – *continued*

problems, including motor vehicle fatalities, driving while intoxicated, rapes, robberies, cirrhosis mortality, suicide and cancer death rates (Sloan, Reilly & Schenzler, 1994). However, some efforts—source-country crop destruction, interdiction, and disruption of distribution networks—have been relatively ineffective in reducing drug sales.

★ MINIMUM-PURCHASE-AGE INTERVENTIONS

- Increasing the minimum purchase age for alcohol to age 21 has been effective in decreasing alcohol use among youth, particularly beer consumption. It is associated with reductions in other alcohol-related problems, including alcohol-related traffic crashes, suicide and deaths resulting from pedestrian injuries, other unintentional injuries, youth homicide and vandalism. Outcomes related to minimum-purchase-age laws for tobacco are not known because such laws have only recently begun to be enforced.
- Enforcement of minimum-purchase-age laws against selling alcohol and tobacco to minors using undercover buying operations (also known as "decoy" or "sting" operations) can substantially increase the proportion of retailers who comply with such laws. Undercover buying operations conducted by community groups that provide positive and negative feedback to merchants are also effective in increasing retailer compliance, as are more frequent enforcement operations.
- "Use and lose" laws, which allow for the suspension of the driver's license of a person under 21 years of age following a conviction of any alcohol or other drug violation (e.g. use, possession or attempt to purchase with or without false identification), are an effective means for increasing compliance with minimum-purchase-age laws among youth. Penalties should be swift, certain and meaningful. Penalties should not be too harsh, however, since severity is not related to their effectiveness and, if too severe, law enforcement and judicial officers may refuse to apply them.
- Community awareness and media efforts can be effective tools for increasing perceptions regarding the likelihood of apprehension and punishment and can increase retailer compliance. They also offer a means for changing social norms to be less tolerant of sales to and use by minors and for decreasing the costs of law enforcement operations.

Environmental Approaches *– continued*

★ DETERRENCE INTERVENTIONS

– Deterrence laws and policies for impaired driving have been effective in reducing the number of alcohol-related traffic crashes and fatalities among the general population and particularly among youth. Reducing the legal BAC limit to .08 or lower has been shown to reduce the level of impaired driving and alcohol-related crashes.

– Enforcement of impaired-driving laws is important to deterrence because it serves to increase the public's perceptions of the risks of being caught and punished for driving under the influence of alcohol. Law enforcement efforts to detect and arrest drinking drivers include sobriety checkpoints, which do not result in high levels of detection of drinking drivers and passive breath sensors that allow police officers to test a driver's breath without probable cause and substantially increase the effectiveness of sobriety checkpoints.

– Administrative license revocation, which allows for confiscation of the driver's license by the arresting officer if a person is arrested with an illegal BAC or if the driver refuses to be tested, has been shown to reduce the number of fatal traffic crashes and recidivism among Driving Under the Influence offenders. Actions against vehicles and tags have been mostly applied to multiple offenders, with some preliminary evidence that they can lead to significant decreases in recidivism and overall impaired driving.

– Impaired-driving policies targeting underage drivers (particularly zero tolerance laws setting BAC limits at .00 to .02 percent for youth) and graduated driving privileges, in which a variety of driving restrictions are gradually lifted as the driver gains experience (and maturity), have been shown to significantly reduce traffic deaths among young people.

★ INTERVENTIONS ADDRESSING LOCATION AND DENSITY OF RETAIL OUTLETS

Limitations on the location and density of retail outlets may help contribute to reductions in alcohol consumption, traffic crashes and certain other alcohol-related problems, including cirrhosis mortality, suicide, and assaults. With respect to illicit drugs, neighborhood anti-drug strategies, such as citizen surveillance and the use of civil remedies—particularly nuisance abatement programs—can be effective in dislocating dealers and reducing the number and density of retail drug markets and possibly other crimes and signs of physical disorder within small geographical areas.

Environmental Approaches – *continued*

★ RESTRICTIONS ON USE

Restrictions on use in public places and private workplaces (also known as "clean indoor air laws") have been shown to be effective in curtailing cigarette sales and tobacco use among adults and youth. Additional benefits of clean indoor air laws are that they reduce nonsmokers' exposure to cigarette smoke and they help to alter norms regarding the social acceptability of smoking. The effects of restrictions on alcohol use have not been systematically evaluated.

★ SERVER-ORIENTED INTERVENTIONS

- With respect to alcohol, server-training programs have been found to affect beliefs and knowledge, with mixed findings of impacts on server practices and traffic safety measures. Retailer education for tobacco merchants has led to relatively small, short-term reductions in sales to minors.
- When server training is combined with enforcement of laws (against service to intoxicated patrons, against sales to minors), training programs are much more effective in producing changes in both selling and serving practices.
- Education and training programs are important to teach servers about laws, the penalties for violation, recognition of signs of intoxication and false identification and ways to refuse sales, but they generally are not sufficient when used alone to produce substantial and sustained shifts in compliance with laws.

★ COUNTER-ADVERTISING

Counter-advertising campaigns that disseminate information about the hazards of a product or the industry that promotes it may help reduce cigarette sales and tobacco consumption. The limited research on alcohol warning labels suggests that they may affect awareness, attitudes and intentions regarding drinking but do not appear to have had a major influence on behavior. Studies have suggested that more conspicuous labels would have a greater effect on awareness and behavior.

Problem Identification and Referral

★ Before implementing this type of strategy, planners should obtain accurate estimates of the numbers of youth whose substance abuse patterns justify intervention services. These estimates must begin with an acknowledgment of the multidimensional nature of youth substance abuse patterns—

Problem Identification and Referral

patterns that include experimental use not progressing to abuse or problem behavior. Ultimately, these estimates are needed to answer basic questions concerning the relative emphasis that should be placed on problem identification versus other prevention approaches.

★ Incorporating problem identification and referral into prevention programs ensures that youth who may already be using at the time of the prevention effort will receive the appropriate treatment to meet their needs.

  – Providing transportation to appropriate treatment programs (e.g. Alcoholics Anonymous) encourages youth to participate.

★ Problem identification and referral programs should not ignore the relationship between substance use and a variety of other adolescent health problems, such as mental health problems, family problems, early and unwanted pregnancies, sexually transmitted diseases, school failure and delinquency. This clustering of problems will greatly shape the identification of desired program effects.

★ Program planners should be aware that early identification programs could pose risks to the youth involved. Early identification programs target specific individuals for participation and are more intensive in nature than prevention efforts directed to the general adolescent population. The labeling associated with this prevention strategy may increase the probability of future deviance. Another risk may result from exposing youth whose patterns of use may be only experimental to youth with more problematic substance abuse and other deviant behaviors.

★ Rigorous research on the effectiveness of this prevention strategy limits the degree to which additional implementation guidance can be offered. Research on brief interventions with the general population in health care settings (e.g. tobacco cessation and reducing-problem-drinking programs delivered in dental and primary care practices) has produced positive results in randomized controlled studies. The application of brief interventions to children and adolescents appears promising.

  – Family therapy has been shown to be an effective resource for improving family functioning, increasing parenting skills and decreasing recidivism of juvenile offenders. It can serve as one part of a multicomponent prevention effort. It isn't clear if family clinical therapy is as effective with young children as with adolescents. Younger children have less severe behavior problems than adolescents do and much of the research on family therapy has focused on juvenile offenders.

(Brounstein, et al., 1998)

INFORMATION SHEET

Principles of Prevention for Children and Adolescents

- ★ Prevention programs should be designed to enhance protective factors and move toward reversing or reducing known risk factors.
- ★ Prevention programs should target all forms of drug abuse, including the use of tobacco, alcohol, marijuana and inhalants.
- ★ Prevention programs should include skills to resist drugs when offered, strengthen personal commitments against drug use and increase social competency (e.g. in communications, peer relationships, self-efficacy and assertiveness), in conjunction with reinforcement of attitudes against drug use.
- ★ Prevention programs for adolescents should include interactive methods, such as peer discussion groups, rather than didactic teaching techniques alone.
- ★ Prevention programs should include a parents' or caregivers' component that reinforces what the children are learning—such as facts about drugs and their harmful effects—and that opens opportunities for family discussions about use of legal and illegal substances and family policies about their use.
- ★ Prevention programs should be long term, over the school career, with repeat interventions to reinforce the original prevention goals. For example, school-based efforts directed at elementary and middle-school students should include booster sessions to help with critical transitions from middle to high school.
- ★ Family-focused prevention efforts have a greater impact than strategies that focus on parents only or children only.
- ★ Community programs that include media campaigns and policy changes, such as new regulations that restrict access to alcohol, tobacco or other drugs, are more effective when they are accompanied by school and family interventions.
- ★ Community programs need to strengthen norms against drug use in all drug abuse prevention settings, including the family, the school and the community.
- ★ Schools offer opportunities to reach all populations and also serve as important settings for specific sub-populations at risk for drug abuse, such as children with behavior problems or learning disabilities and those who are potential dropouts.
- ★ Prevention programming should be adapted to address the specific nature of the drug abuse problem in the local community.
- ★ The higher the level of risk of the target population, the more intensive the prevention effort must be and the earlier it must begin.
- ★ Prevention programs should be age-specific, developmentally appropriate and culturally sensitive.
- ★ Effective prevention programs are cost-effective. For every dollar spent on drug-use prevention, communities can save four to five dollars in costs for drug-abuse treatment and counseling.

(National Institute on Drug Abuse, 1997)

Prevention Strategies for Specific Settings

The Work Site

Work sites can be tremendously successful settings for our prevention efforts. It is, in fact, a mutually beneficial arrangement. Healthy, drug-free workers are, after all, much more productive and dependable. Many work sites are also governed by the Drug-Free Workplace Act and are therefore already considering their responsibilities around ATOD issues.

Organizations have instituted prevention programs mostly in the form of policy design and various health and wellness promotion activities. Work site wellness programs are quite varied, ranging from a simple smoking policy to a comprehensive array of interventions that include health-risk screening, follow-up counseling, a menu of health improvement interventions and organization-level activities designed to provide an environment supportive of health. Few of these programs have been directed at illicit drugs; a number of them have targeted alcohol and tobacco. Research indicates that such programs can be effective, especially when substance abuse is addressed with directly and there is a follow-up component [Normand, Lempert, and O'Brien (Eds.), 1994].

Employee Assistance Programs have also proven to be promising approaches to prevention and intervention. Job performance is the means for identifying, confronting and referring for treatment. The key to activating such programs lies in the ability and willingness of supervisors to use company-provided mechanisms for confronting alcohol- and other drug-abusing employees who have performance problems. Thus, supervisor enlistment and training are pivotal issues.

The Harvard School of Public Health recently completed a study entitled "The Corporate Alcohol Study." The following is a summary of the highlights.

- The majority of alcohol-related work performance problems can be attributed to employees who are not dependent on alcohol.
- Getting high or drunk the night before work will exacerbate work performance problems the next day.
- Any drinking immediately before or during a workday, most usually at lunch or company-sponsored events, is associated with increased work performance problems.

The Work Site – *continued*

- Managers are more than three times as likely to drink during working hours than hourly workers are.
- Even with the same companies, work sites and work groups develop their own cultures about drinking that influence how an employee drinks at work as well as away from work.

The School

Research has shown that addressing academic achievement and problem behaviors in schools holds promise for preventing drug abuse. Early childhood education, alteration in classroom teachers instructional patterns in elementary and middle schools, academic tutoring of low achievers and organizational changes have shown the most potential.

Perhaps the most extensive study of early childhood education was the famous Perry Preschool Project. This project involved enhancing the intellectual and social development of 3- and 4-year-old African American children from backgrounds of extreme poverty. Children enrolled in the program participated in daily preschool, with weekly home visits to instruct their mothers in child management. The project demonstrated reductions in academic failure, adolescent pregnancy rates and criminal behavior (Berrueta-Clement, et al., 1984).

In regard to changing classroom instructional patterns, studies have shown that academic achievement and commitment to school can be dramatically improved by actively instructing and directly supervising learning efforts. Specifically, classroom teachers use of interactive teaching, proactive classroom management and cooperative learning have been positively linked with improved motivation (both teacher and student), parent contact, discipline prevention and improvement in standardized test scores (Freiberg, Brady, Swank, & Taylor, 1989).

Existing evidence also shows that individual tutoring can produce significant improvements in academic achievement, particularly among socially-rejected, low-achieving elementary children who are also at highest risk for later drug use (Coie & Dodge, 1988).

Results from numerous studies indicate that altering the organizational structure of schools can reduce risk factors for drug abuse as well as drug use itself. Schools with the highest rates of student misbehavior and drug abuse are

The School – *continued*

typically demoralized organizations. Shared decision making and management structures have shown promise in reversing this situation, with resulting reductions in drug use and delinquent behavior (Gottfredson, 1986; Gottfredson, D., Hybl, L., Gottfredson, G., & Casteneda, 1986). Structural changes, including school-within-a-school and homeroom teachers as advocate-counselors, have also shown positive effects on performance, absenteeism and drop-out (Felner & Adan, 1988).

The following is a list of questions that explore the efficacy of school-based prevention programs:

- Does the program reach children from kindergarten through high school? If not, does it at least reach children during the critical middle school or junior high years?
- Does the program contain multiple years of intervention (all through the middle school and junior high years)?
- Does the program use a well-tested, standardized intervention with detailed lesson plans and student materials?
- Does the program use age-appropriate interactive teaching methods (modeling, role playing, discussion, group feedback, reinforcement, extended practice)?
- Does the program foster pro-social bonding to the school and community?
- Does the program have these components:
  - the teaching of social competence (communication, self-efficacy, assertiveness) and drug resistance skills that are culturally and developmentally appropriate
  - the promotion of positive peer influence
  - the promotion of anti-drug social norms
  - an emphasis on skills-training teaching methods
  - an adequate "dosage" (10 to 15 sessions in a year and another 15 booster sessions)
- Does the program retain core elements of the effective intervention design?
- Is the program evaluated periodically to determine the extent of its effectiveness?

The Family

Families that model healthy behavior, deal constructively with conflict and exhibit a high degree of bonding produce children that are much less likely to suffer the damaging effects of alcohol, tobacco or other drugs. Taking a cue from this research, family-based prevention has involved intervening in aspects of family life that are dysfunctional and strengthening aspects of family life that are nurturing. Two general guidelines must be considered, however: First, families are highly complex systems; simplistic, one-size-fits-all interventions are ineffective at best and may even be destructive. And second, cultural variation must always be considered when working with families; communication, parenting practices, discipline and other aspects of family life are distinctly different among cultures and these differences must be honored.

Intervening in Family Dysfunction

Parental and sibling alcoholism and illegal drug use increase the risk of alcoholism and drug abuse in children (Johnson, Shontz, & Locke, 1984). The most significant aspects appear to be modeling of drug-taking behavior and children's involvement in parental drug-taking behavior. Even when parents and siblings do not model such behaviors, permissive attitudes toward use can be of equal or greater importance in determining adolescents' use of drugs. Sibling influence, both positive and negative, can be of equal or greater importance than parental influence.

In cases of severe family dysfunction, prevention efforts must be supported by social services and other intensive family interventions.

Strengthening Family Life

Parenting-skills training and other forms of family support have proven effective in helping families reduce management problems and increase family bonding. Such programs have shown positive results even with parents who were narcotic and poly-drug abusers participating in treatment programs (Kumpfer & Demarsh, 1986).

Research has shown that certain family management practices produce children with fewer alcohol and other drug problems:

- maternal involvement in activities with children (Kandel and Andrews, 1987)
- consistent discipline, neither authoritarian nor permissive (Baumrind, 1983)
- high parental aspirations for their children (Kandel & Andrews, 1987)
- clear requirements for responsible behavior, without using guilt to control (Brook, J., et al., 1990)

The Family – *continued*

- consistency between the parents, versus over-involvement by one parent and distance of the other (Ziegler-Driscoll, 1979)
- positive communication patterns, with realistic expectations (Reilly, 1979)
- parenting of small children that is warm, responsive and protective (Shedler & Block, 1990)
- minimal levels of marital discord and parental conflict, which is more significant than whether or not the child lives in a broken home (Rutter & Giller, 1983)
- family involvement and attachment (Brook, J., et al., 1986)
- parental internalization of traditional norms and behaviors (Brook, J., et al., 1990)

The following is a list of questions that explore the efficacy of family-based prevention programs:

- Does the program reach families of children at each stage of development?
- Does the program train parents in behavioral skills to:
  - reduce conduct problems in children
  - improve parent-child relations, including positive reinforcement, listening and communication skills and problem-solving
  - provide consistent but not excessively harsh discipline and rule making
  - monitor children's activities during adolescence
- Does the program include an educational component for parents and their children that provides them with information about drugs and the use of drugs?
- Is the program directed to families whose children are in kindergarten through 12th grade to enhance protective factors?
- Does the program provide access to counseling services for families at risk?

Congregations

For many people, their faith is a unit of identity. When working with congregations, consultation with the leadership of the congregation is critical. Use needs assessments and demographic analysis of the population to gain cooperation. Use existing relationships, programs and other resources within the congregation, including transportation, meeting sites, printing capabilities and recreational resources.

Congregations – *continued*

Three strategies with congregations might be training the leaders of the congregation, educating parents and facilitating sessions between parents and teenagers. These sessions could address issues that families consider important, (e.g. stress, decision making or depression).

The Community

Prevention programs can be sponsored by civic, religious, law enforcement, nonprofit and governmental organizations. Through changes in policy or regulation, mass media campaigns and community-wide awareness programs, they work toward the common goal of a safer and drug-free environment.

A crucial first step in designing a community prevention program is to assess the level of risk and protection for drug abuse in that community. Some ways of conducting that assessment include the following:

- household and school surveys
- surveys that collect information from health departments, hospitals, drug abuse treatment facilities, law enforcement agencies and school systems
- ethnographic studies, which use a systematic, observational process to describe behaviors in natural settings and document the perspectives of individuals under observation
- more informal methods, such as focus groups
- archival data

Each of these methods has advantages and disadvantages, so NIDA recommends—if resources allow—the use of multiple strategies. The information collected can help communities make sound decisions about programs and policies and will contribute to later evaluation efforts (Sloboda & David, 1997).

The following is a list of questions that explore the efficacy of community-based prevention programs:

- Does the program have components for the individual, the family, the school, the media, community organizations and health providers? Are the components well integrated in theme and content so that they reinforce each other?
- Does the program use media and community education strategies to increase public awareness, attract community support, reinforce the school-based curriculum for students and parents and keep the public informed of the program's progress?

The Community – *continued*

- Can program components be coordinated with other community efforts to reinforce prevention messages (e.g. can training for all program components address coordinated goals and objectives)?
- Are interventions carefully designed to reach different populations at risk and are they of sufficient duration to make a difference?
- Does the program follow a structured organizational plan that progresses from needs assessment through planning, implementation and review to refinement, with feedback to and from the community at all stages?
- Are the objectives and activities specific, time-limited, feasible (given available resources) and integrated so that they work together across program components and can be used to evaluate program progress and outcomes?